AU

TR	RANSMITTAL FORM		U.S. F s are required to respond to a col Application Number Filing Date First Named Inventor Art Unit Examiner Name	10/646,01 08/22/200 Thomas S 2169	3							
(to be used for all correspondence after initial filing) Total Number of Pages in This Submission 22			Attorney Docket Number	LON-001								
ENCLOSURES (Check all that apply)												
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request			Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatio Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CE	Address	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Return Postcard; Credit Card Payment Form (PTO-2038)							
Firm Name	SIGNA	TURE C	OF APPLICANT, ATTO	RNEY, C	DR AGENT							
Signature Printed name	Kokka & Backus, PC Signature											
Scott S. Kokka Date August 20, 2007			. [1	Reg. No.	51,893							
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Date August 20, 2007 Scott S. Kokka Typed or printed name This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

Date August 20, 2007

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AUG 2 3 2007

Name (Print/Type) Scott S. Kokka

APPAR	Effective on 12/08		. D. 4040)	Complete if Known									
		oriations Act, 2005 (H		Application Number		10/646,019							
		SMITT	AL	Filing Date		August 22, 2003							
	For FY 2	2005		First Named Inventor		Thomas Soares							
Applicant claims	emall entity stat	us. See 37 CFR 1	1 27	Examiner Nam	e Jo	Jonathan E. Corrales							
Applicant claims	Art Unit	2	2169										
TOTAL AMOUNT OF	00	Attorney Docke	et No. Lo	ON-001	-001								
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order Other (please identify):													
Deposit Account Deposit Account Number: Deposit Account Name:													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee													
Charge any additional fee(s) or underpayments of fee(s)													
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card													
information and authorization on PTO-2038.													
FEE CALCULATION	N	···											
1. BASIC FILING,				.0 5550	5 77444		5 0						
	FILING	FEES Small Entity	SEAR	CH FEES Small Entity	EXAMII	NATION FE Small Entit							
Application Type	Fee (\$)		Fee (\$		<u>Fee (\$</u>		<u>Fe</u>	es Paid (\$)					
Utility	300	150	500	250	200	100							
Design	200	100	100	50	130	65							
Plant	200	100	300	150	160	80							
Reissue	300	150	500	250	600	300							
Provisional	200	100	0	0	0	0							
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Small Entity Fee (\$) Fee (\$) Fee (\$) Fee (\$) Multiple Dependent Claims Multiple Dependent Claims													
	of total claims paid Extra Cla P = 0	for, if greater than 20 aims Fee (\$)	<u>Fee</u>	Paid (\$)		<u>Fee (\$)</u>		e Paid (\$)					
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 = /50 = (round up to a whole number) x =													
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)													
Other (e.g., late filing surcharge): 3 Month Petition for Extension of Time \$1,020 1,020.00													
SUBMITTED BY													
Signature	-01	var		Registration No.	51,893	Tele	phone (650)	566-9921					

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.